Health and Social Care Board

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Interface Pharmacist Network Specialist Medicines

Fondaparinux

Shared Care Guideline

Specialist Details	Patient Identifier
Name: _____	
Location: _____	
Tel: _____	**Date:** _____

Introduction

Licensed indications: Prevention and Treatment of VTE in adults; Treatment of DVT and PE in adults; Treatment of adults with acute symptomatic spontaneous superficial-vein thrombosis of the lower limbs without concomitant deep-vein thrombosis.

Off-label indications include (see detailed advice from specialist):

- Treatment and prophylaxis of VTE during pregnancy and following delivery for women intolerant of heparin compounds or those declining animal derived products. (Guidance of the Royal College of Obstetricians and Gynaecologists Green Top Guideline No 37a www.rcog.org.uk). Use in pregnancy should be in conjunction with a consultant haematologist with expertise in haemostasis and pregnancy.
- Extended therapy in selected patients as guided by a haematologist.
- For considered use in short term bridging anticoagulation in high risk patients on warfarin who previously had HITT, as guided by a haematologist.

Essential information such as dose, weight, renal function, indication and duration of treatment should be communicated at transfers of care (e.g. by discharge letters) to ensure that future doses are safe.

Adult dosage and administration

Dosing checks based on patient information should be made by healthcare professionals who review, dispense or administer fondaparinux when this information is readily available to them.

Adult dosage and administration:
The dose should be based on the patient's current weight and renal function.

Available as: solution for injection in pre-filled syringe. Fondaparinux: 1.5mg/0.3ml, 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml solution for injection in pre-filled syringe.

Hospital specialist responsibilities

- Assess the need for extended prophylaxis or treatment.
- Assess if the patient is suitable for treatment with fondaparinux.
- Provide the patient/carer with relevant written and verbal information on use, side effects, and need for monitoring of medication.
- Counsel patients or carers on the symptoms and signs of VTE and how to access urgent assessment if required.
- Provide education/training on self-administration (preferred sites and rotation of sites) if appropriate and disposal of sharps box.
- Arrange Shared Care with the patient's GP.
- Provide the GP with the relevant information for each patient.
  - Treatment to be prescribed, dose, weight, renal function, indication, and duration of treatment. (NPSA/2010/RRR014)
  - Indicate if patient has been trained and will self-administer. If patient /carer cannot self-administer, contact the GP and arrange administration in primary care.
  - Advise if monitoring of renal function is required, including frequency.
- Send a written summary to the GP whenever the patient is reviewed.
- Provide any other advice or information for the GP if required.
- Consider anti-embolism stockings until discharge from hospital. When indicated, measure and prescribe anti-embolism stockings e.g. TED, and provide instructions on use. (Mechanical and pharmacological treatments are not normally indicated at the same time after discharge to primary care).

GP responsibilities

- Prescribe fondaparinux and appropriate sized sharps bin for the duration of the course (dose, weight, renal function, indication and duration of treatment should be recorded in the patients clinical record)
- Ensure systems are in place for daily administration.
- **Monitoring is not routinely required** and is not necessary in pregnant women on prophylaxis.
- **When monitoring of renal function is indicated** (**as per specialist)**: Arrange and record on-going monitoring as recommended.
- Identify and report adverse reactions to initiating specialist and the usual bodies (e.g. MHRA).
- Alert the initiating specialist to any significant changes in patient's weight, renal function.
- Ensure no drug interactions with other medicines.
- Normally graduated compression stockings are not indicated in primary care whilst on fondaparinux.

Adverse effects, precautions and contraindications

- **Contraindications include:** active clinically significant bleeding, severe renal impairment defined by creatinine clearance < 20 ml/min.
- **Use with caution** in patients with: active gastro-intestinal ulcer disease; recent intracranial haemorrhage bleeding disorders; low body-weight, or the elderly.
- **Reduced renal function:**
  - eGFR <20ml/min/1.73m^2 (CrCl < 20 mL/min): avoid use of fondaparinux.
  - eGFR <20-50 ml/min/1.73m^2 (CrCl 20-50mL/min): continued use and dosage should be in consultation with the initiating specialist.
- **Patients with body weight <50 kg** are at increased risk of bleeding. Elimination of fondaparinux decreases with weight. Fondaparinux should be used with caution in these patients.
- **Heparin Induced Thrombocytopenic Thrombosis (HITT):** this is exceptionally rare, and in fact fondaparinux is used to treat patients with active HITT.

Common drug interactions

Drugs affecting haemostasis (e.g. antiplatelets, anticoagulants, DOACs, NSAIDS, systemic glucocorticoids, thrombolytics) should be discontinued before fondaparinux is initiated unless their use is essential. If the combination cannot be avoided, fondaparinux should be used with careful clinical and laboratory monitoring.

Communication

For queries about this patient's treatment with fondaparinux, contact the specialist named at the top of the document.

This information is not inclusive of all prescribing information and potential adverse effects.
Please refer to full prescribing data in the SPC at www.medicines.org.uk or the BNF

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